Objectives

• Status of Immunization Programs (IPs) promoting NVAC Adult Immunization Standards

• Insight into IPs Barriers related to Adult IZ

• Insight into Potential of IPs to Impact Adults IZ
**AIM Annual Survey – 2015**

*Preliminary Results*

**Purpose:** assess and characterize immunization program policy, infrastructure, program activities and priorities and the impact of funding changes (both federal and state) on immunization programs

- AIM Members - 64 state/local/territorial Immunization Program Managers
- Administered April 2015-Ongoing
  - ✓ 2014 Grant Year Funds (does not include categorical PPHF or carryover)
  - ✓ 2014 Calendar Year Activities
  - ✓ Current Policies and Priorities
- Current Response Rate 80% (51 of 64) IPs
IPs are Exploring the World of Adult IZs

Staff Infrastructure

- Adult Coordinator (Part-time to ≥1 FTE)
  - 78% (40 of 51) (2015)
  - 71% (43 of 61) (2014)

IPs with Dedicated Staff Funding for Adult Activities: Total of Funded FTEs and Contract Staff Located in the IP
**Current Adult IZ Related Policy**

CISP = Complementary Immunization Service Providers

- Institutional policy
- Medicaid payer policy
- State/local law and/or policy

- CISP can enter adult vaccination data into IIS: 0/12/28
- CISP view adult vaccination data in IIS: 0/11/26
- Adult immunizations entered into the IIS: 0/8/26
- Pharmacists administering vaccinations: 1/6/29
- Vaccines OFFERED for adults working in LTC: 1/12/22
- Vaccination for adults residing in LTC: 4/12/22
- Influenza vaccine OFFERED for HCW: 1/10/27
- Influenza vaccination for HCW: 0/9/28

**NVAC Standard: (b) Develop policies and/or regulations (legislation) that promote high vaccination rates and reduce immunization barriers for adult patients and their providers.**

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**Examples: Adult IZ Related Policy**

- **Vermont:** State Insurer Mandate (includes Medicaid)
  - State Vaccine for Adults program
  - Provides vaccine at no cost to Family Practitioners and Internists to vaccinate uninsured adults

- **Michigan:** State Medicaid Policy
  - Pharmacies reimbursed from Medicaid
  - Administration of adult vaccines (includes influenza)

- **Colorado:** IIS Reporting Policy
  - Requires health care facilities to report influenza vaccination rates for their staff
  - Reach a 90% threshold
**Number of Health Departments that Currently Have Standing Orders Protocols to Allow Other Groups to Vaccinate**

- Pharmacists: 30 NO, 14 YES
- Nurses: 31 NO, 14 YES
- Physician assistants: 27 NO, 16 YES
- Dentists: 44 NO, 27 YES

**NVAC Standard:** (g) Provide resources and assistance for vaccine providers to implement protocols or standing orders, where feasible, and other systems changes to improve routine assessment of vaccine needs and vaccination.

**Number of IPs Reporting 317 Vaccine Purchase For Adults (2014) n=47**

- 317 purchase for ongoing activity (over multiple years): 37
- Ad hoc or end-of-year 317 purchase: 6
- 317 purchase for planned demo or pilot project: 6
- No 317 vaccine purchase: 5

**NVAC Standard:** (o) Provide access to all ACIP-recommended vaccinations.

* In 2013 54 of 60 IPs Reported Vaccine Purchase for Adults using 317
NVAC Standards: Engagement

(m) Work toward including adults in all state IIS, reduce barriers to including adult vaccination records in IIS, and ensure that IIS meet new standards of EHR interoperability to track and maintain adult vaccination records.

(n) Expand access to and provide training for IIS to all adult healthcare providers.

(f) Collect, analyze, and disseminate available data on vaccine coverage to the public and healthcare providers in their jurisdiction to identify and address gaps in coverage.

(q) Demonstrate accountability and good stewardship of public financing for vaccines.

(t) Promote adherence to applicable laws, regulations and standards among adult immunization stakeholders.

(d) Ensure professional competency by providing or supporting education to adult healthcare providers on routine adult immunizations.

(l) Provide outreach and education to the public and providers about vaccines.

IP Engagement Level in Adult IZ (2014)

- Assist adult providers meet Meaningful Use requirements: 5, 38, 3
- Track the number and types of providers that input adult vaccinations data into IIS: 16, 27, 3
- Enroll adult providers in the IIS: 4, 39, 3
- Assess vaccine coverage rates of adult providers: 29, 11, 6
- Assess coverage gaps and disparities among racial and ethnic groups: 28, 14, 4
- Provide site visits to adult providers: 22, 14, 9
- Conduct provider media/education campaign(s): 19, 24, 3
- Conduct public media/education campaign(s): 18, 25, 3

Legend:
- Red: No Engagement
- Blue: Engagement
- Green: N/A – No infrastructure and/or policy to support
Who Lives in the IP Immunization Neighborhood?

VFC Providers
Complementary Immunization Service Providers

<table>
<thead>
<tr>
<th>Service Providers</th>
<th>Number of IP Currently Allowing Enrollment in VFC Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacies</td>
<td>13 Yes, 34 No</td>
</tr>
<tr>
<td>Community Vaccinators</td>
<td>15 Yes, 32 No</td>
</tr>
<tr>
<td>OB/GYNs</td>
<td>31 Yes, 15 No</td>
</tr>
<tr>
<td>STD/Family Planning Clinics</td>
<td>30 Yes, 17 No</td>
</tr>
<tr>
<td>Internists</td>
<td>24 Yes, 22 No</td>
</tr>
<tr>
<td>College/school based health service</td>
<td>27 Yes, 20 No</td>
</tr>
</tbody>
</table>

NVAC Standard: (a) Demonstrate accountability and good stewardship of public financing for vaccines.
NVAC Standard: Partner Engagement

- (C). Immunization programs should collaborate with existing public health programs that provide clinical services, such as sexually transmitted disease control programs, substance abuse treatment services, and tuberculosis control programs to incorporate vaccine administration and recordkeeping.

- (K; i) Partner and collaborate with professional medical, pharmacy, nursing and other provider organizations, healthcare networks, community organizations, and advocacy groups (e.g., mental health services, diabetes educators, asthma educators, corrections facilities, substance abuse providers)

- (O.ii) Work toward becoming an in-network provider for immunization services for insured adults.
Sent information on importance of adult vaccination and recommendations out to partners and adult providers groups

Collaborated with public health programs to incorporate vaccine assessment and administration into their routine practices

Established relationships with employers to promote occupational health vaccination clinics

Assisted pharmacies with becoming in-network provider for vaccinations

Partnered with STD/family planning clinic(s) to incorporate vaccine assessment and administration into their routine practices

Examples: Partner Engagement

- **Kentucky**: Healthcare Acquired Infections Branch
  - Promote vaccines to patients and healthcare workers and using List serve to send information to providers and encourage educational offerings

- **South Carolina**: Department of Corrections
  - Adult Vaccine Initiative providing Twinrix & Tdap
  - Free clinics for uninsured & underinsured adults

- **Oregon**: Adult vaccine providers and mass vaccination partners
  - Mass vaccination clinics for underserved populations
  - Provision of 317-funded adult vaccines to all public clinics (LHDs, FQHCs, etc.)

- **Guam**: Public school nurses
  - Vaccinations for parents and students during Parent-Teacher Conferences or school sponsored health fairs.

- **Nevada**: Statewide immunization coalition
  - Immunize Nevada - Adult Immunization Coordinator
IPs are Working to Overcome Barriers

Funding

Staff

Barriers: IP Reported Funding Cuts (2014)

- Funding was level, no change from 2013
- Funding was increased or restored
- Funding was cut or reduced
- N/A-We do not have this funding type

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>2013</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>State/Local Vaccine Funding</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>State/Local Ops Funding</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Section 317 Vaccine Funding</td>
<td>5</td>
<td>37</td>
</tr>
<tr>
<td>Section 317 Ops/Infra</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>PanFlu</td>
<td>18</td>
<td>10</td>
</tr>
</tbody>
</table>
### IP with Reduction/Cut in Specific Activities (2014)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Adult vaccine purchase</td>
<td>19</td>
</tr>
<tr>
<td>Adult programming</td>
<td>12</td>
</tr>
<tr>
<td>Supply of provider education materials</td>
<td>10</td>
</tr>
<tr>
<td>Public education</td>
<td>9</td>
</tr>
<tr>
<td>Pan Flu exercises</td>
<td>7</td>
</tr>
<tr>
<td>Purchase of VSH equipment for providers</td>
<td>6</td>
</tr>
<tr>
<td>Staffing/administrative support</td>
<td>6</td>
</tr>
<tr>
<td>Funding for local health departments</td>
<td>6</td>
</tr>
<tr>
<td>Provider education</td>
<td>5</td>
</tr>
<tr>
<td>Adult provider recruitment/training for IIS</td>
<td>5</td>
</tr>
<tr>
<td>Enhancement of IIS</td>
<td>4</td>
</tr>
<tr>
<td>Pharmacy recruitment/training for IIS</td>
<td>3</td>
</tr>
<tr>
<td>Implementing Meaningful Use</td>
<td>2</td>
</tr>
</tbody>
</table>

* In 2013, 23 of 57 IPs cut Adult Vaccine Purchase and 13 of 57 cut Adult Programming

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### Louisiana

**Impact of Funding Cuts on Staff Capacity**

**State Run High Risk Influenza Public Health Unit Clinics**

- Historically 317 Funded, no state funds
- Historically walk-in clinics
- State and 317 Budget Reductions over 5 yrs.
  - 40% reduction in overall State Workforce
  - 30% reduction in clinical staff at Public Health Units
  - Now appointment only
  - 3-4 week wait
Rhode Island

Impact of Funding Cuts on Uninsured/Underinsured Patient Assistance Programs (PAP's) and Influenza

• “Seed” vaccine to start the PAP program at the Health Centers
  - non – PAP Health Centers receive 317

• Health centers rely on the manufacturer to replace used doses
  - PAP’s delay in reply can be a barrier and results in missed opportunity.
  - Each PAP has a different application.
  - Difficult to keep track of what is needed for individual applications.

• Approximately 60% of the 317 funds used for influenza

• Further cuts = less influenza 317 purchase and funding for non – PAP Health Centers

Potential of IPs to Impact Adult IZ

Experience with VFC Program
Current Relationships
Current Infrastructure
Examples: Potential of IPs to Impact Adult IZ

- **Ohio**
  - Adult AFIX visits in provider offices
  - Office based CEU-training for adult providers

- **Washington**
  - Centralized IIS reminder recall for adults
  - Expansion of current HPV reminder recall efforts

- **Minnesota**
  - Quality improvement project with pharmacies
  - New IIS functionality for an adult assessment report and adult forecasting in IIS – expand Adult AFIX.

- **Georgia**
  - Reminder recall activity (via phone calls and text messages) for adults

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**Adult IZ Resource Needs of IPs (2014)**

- Did not conduct or could not expand because lack of resources

- Assess coverage gaps and disparities among racial and ethnic groups: 31
- Assess vaccine coverage rates of adult providers: 29
- Conduct provider media/education campaign(s): 28
- Conduct public media/education campaign(s): 28
- Track the number and types of providers that input adult vaccinations data into IIS: 23
- Provide site visits to adult providers: 20
- Enroll adult providers in the IIS: 19
- Purchase adult vaccine with 317 funds: 17
- Assist adult providers meet Meaningful Use requirements: 14
IP Reported Priorities (2015)

1. Improve VFC accountability
2. Identifier and address low coverage rates
3. Increase HPV rates
4. Improve vaccine storage and handling
5. Increase # of VFC providers using IIS
6. Implement Meaningful Use/Interoperability
7. Work with coalitions
8. Implement PPHF grants
9. Increase # adult providers using IIS
10. Increase adult rates
11. Support upcoming legislative activities
12. Increase impl. adult IIZ standards
13. Improve pandemic preparedness
14. Implement/enhance billing at LHD
15. Address vaccine safety/hesitancy
16. Partner with community vaccinators
17. Increase # of pharmacists using IIS
18. Work with payers
19. Enroll pharmacists as VFC providers
20. Increase # SLV
21. Change vaccine financing policy

On a scale of 1 to 10, where 1 is “nowhere close” and 10 is “fully implemented”, what is your opinion regarding your jurisdiction’s status in implementing the “Immunization Neighborhood”

Immunization Neighborhood 2015

- Adults (18+ yrs): 3.77
- Adolescents (11 yrs through 18...): 5.27
- Children (birth-10 yrs): 5.50

“Immunization Neighborhood” goal is for many diverse stakeholders to collaborate, coordinate and communicate in order to meet the immunization needs of the patient and protect the community from vaccine preventable diseases. This includes collaboration among stakeholders such as: public health, physicians, physician assistants, hospitals and institutions, payers, community leaders and influencers, pharmacists, nurses, etc.
Won’t You be Our Neighbor
Collaborate, Coordinate and Communicate

AIM Adult IZ Activities

Summer 2015 Update of Adult IZ Information:
The Vaccine Facts and Policy Website catalogues immunization policy and programs in the 64 State, Local, & Territorial Immunization Programs

Spring 2016 IP Adult Resource Guide:
Collection of Lessons Learned and Resources of the 64 State, Local, & Territorial Immunization Programs
THANK YOU!

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Number of IP that Used Social Media or General Mass Media (2014)

- Racial and ethnic specific: 32 None, 7 Social Media, 9 General Media
- Chronic medical condition: 27 None, 10 Social Media, 11 General Media
- Pregnant women specific: 18 None, 19 Social Media, 20 General Media
- Healthcare worker vaccination: 26 None, 7 Social Media, 12 General Media
- Adult-Tdap specific: 17 None, 12 Social Media, 23 General Media
- Adult-Pneumococcal specific: 27 None, 7 Social Media, 13 General Media
- Adult-MMR specific: 22 None, 10 Social Media, 16 General Media
- Adult-Influenza specific: 9 None, 25 Social Media, 33 General Media
- General Adult Vaccines: 13 None, 15 Social Media, 24 General Media
- HPV/cancer prevention focus: 16 None, 22 Social Media, 22 General Media

Social Media
- Facebook
- Twitter
- Youtube
- Texting

General Media
- Website
- Radio
- TV
- Newsletters
- Newspapers

NVAC Standard:
1. Increase public awareness and knowledge of adult immunizations and reach recommended target populations for immunization.
2. Provide culturally competent public education through appropriate venues, including the use of social media and ethnic media.

IP Engagement Level With Partners for Adult IZ (2014)

- Immunization coalition(s): 5 No engagement, 35 Engagement, 6 N/A
- Tribes or tribal immunization program(s): 14 No engagement, 32 Engagement, 10 N/A
- Occupational health providers: 22 No engagement, 32 Engagement, 9 N/A
- Corrections department/agency: 17 No engagement, 28 Engagement, 1 N/A
- Social service agencies: 17 No engagement, 33 Engagement, 3 N/A
- Colleges/universities: 10 No engagement, 34 Engagement, 8 N/A
- STD/family planning clinics: 16 No engagement, 29 Engagement, 1 N/A
- Community Health Centers: 2 No engagement, 40 Engagement, 4 N/A
- Faith-based organizations: 22 No engagement, 20 Engagement, 4 N/A
- Community vaccinators: 14 No engagement, 31 Engagement, 1 N/A
- Pharmacies: 2 No engagement, 40 Engagement, 4 N/A
- Local health departments: 2 No engagement, 40 Engagement, 4 N/A
- Insurance payers: 2 No engagement, 40 Engagement, 4 N/A
- Employers: 2 No engagement, 40 Engagement, 4 N/A
- Adult provider groups: 2 No engagement, 40 Engagement, 4 N/A
IP Reported Priorities (2014)

For each activity, rank your program’s priority level for calendar year 2014:

Number of IPs that Support Local Health Departments (2014)

NVAC Standard: (O.i) Ensure capacity to provide all ACIP-recommended vaccines and immunization services for insured and uninsured adults. (O.ii) Work toward becoming an in-network provider for immunization services for insured adults.